

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

Department of Regulation & Licensing

State of Wisconsin
(608) 266-2811

TTY# (608) 267-2416, hearing or speech
TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: web@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 261-7083

MEDICAL EXAMINING BOARD

APPLICATION FOR CERTIFICATION AS A PHYSICIAN ASSISTANT

Information requested is required for processing.

PLEASE TYPE OR PRINT IN INK

Last Name: _____ First Name: _____ MI: _____

Former Name(s) (If Applicable): _____

Street Address: _____
(A Post Office Box is NOT Acceptable)

City: _____ State: _____ Zip: _____

Phone (Days): (____) _____ Date of Birth: _____

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race: _____ (1) White, not of Hispanic origin
_____ (2) Black, not of Hispanic origin
_____ (3) Hispanic
_____ (4) American Indian or Alaskan
_____ (5) Asian or Pacific Islander
_____ (6) Other

Sex: _____ M _____ F

School Name: _____

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: _____

Specialty: _____

BOARD OFFICE USE ONLY

Temporary Permit Requested: _____ Yes _____ No

APPLICATION FEES Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).

For Receipting Use Only

_____ \$ 53.00 Initial Credential Fee

_____ \$ 57.00 State Law Exam

\$110.00 Total fee attached*

_____ Request for a Temporary Certificate

_____ \$ 10.00 Is required in addition to the above fee (*non-refundable*)

*ORAL EXAMINATION FEE: \$266.00

If you should be selected for an oral examination, the additional oral examination fee will be required prior to being scheduled for the exam.

State of Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Copies of malpractice suit(s).

Fee(s) attached to this application.

National Examination Scores (Form #1959).

Addendum to Application Form (Form #2380)

Copy of professional diploma and translation if necessary.

Letters from all State Boards where licensed (includes active and inactive licenses).

Certificate of Professional Education (Form #1504).

Wisconsin Statutes and Rules Examination Booklet and Answer Sheet.

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

PRE-PROFESSIONAL EDUCATION: (schools, locations, dates of graduation and degrees) (list all schools attended)

SCHOOL

DEGREE

DATE OF GRADUATION

PROFESSIONAL EDUCATION: (schools, locations, dates of graduation and degrees) (list all schools attended)

SCHOOL

DEGREE

DATE OF GRADUATION

PRACTICE: Account for all activities and practice from date of graduation to the present time. Must include professional and nonprofessional activities. **ALL** time and dates must be accounted for.

LOCATION

DATES (from - to)
mo/yr

1. _____
2. _____
3. _____
4. _____

I AM CREDENTIALLED IN THE FOLLOWING STATES (UNLIMITED):

By Written Exam: _____

By Endorsement/Reciprocity: _____

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN MEDICAL EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

PLEASE CHECK ONE:

_____ I plan to take the next National Certifying Examination on

month/day/year

_____ I have taken and passed the National Certifying Examination.

State of Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health and Family Services regarding communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever failed to pass any state board examination, national board examination, or NCPPA examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

State of Wisconsin Department of Regulation & Licensing

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a physician assistant" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned physician assistant judgments and to learn and keep abreast of physician assistant developments; and
2. The ability to communicate those judgments and physician assistant information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform physician assistant tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 12. Do you have a medical condition which in any way impairs or limits your ability to practice as a physician assistant with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your use of chemical substance(s) in any way impair or limit your ability to practice as a physician assistant with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

State of Wisconsin Department of Regulation & Licensing

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect, and that the photograph submitted with this application is a true likeness of me. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Medical Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

SEAL

State

My Commission Expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

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Website: <http://www.drl.state.wi.us>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING BUREAU OF HEALTH PROFESSIONS

IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

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MEDICAL EXAMINING BOARD

CHANGE IN SUPERVISING PHYSICIAN

Med 8.07 Practice. (1) Scope and Limitations. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician.

Complete the following and return to the Medical Examining Board at the address listed below.

PHYSICIAN ASSISTANT

NAME:

LICENSE NUMBER:

NEW PRIMARY SUPERVISING PHYSICIAN

NAME (please print):

Signature

Date

LICENSE NUMBER:

STARTING DATE:

PREVIOUS PRIMARY SUPERVISING PHYSICIAN

NAME:

LICENSE NUMBER:

STARTING DATE:

ENDING DATE:

Return completed form to:

Department of Regulation and Licensing
Bureau of Health Professions
PO Box 8935
Madison WI 53708-8935

Department of Regulation & Licensing

State of Wisconsin

(608) 266-2811

TTY# (608) 267-2416

TRS# 1-800-947-3529 ^{hearing or speech} _{impaired only}

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: dorl@drl.state.wi.us

FAX #: (608) 261-7083

MEDICAL EXAMINING BOARD

PHYSICIAN ASSISTANT CREDENTIALING INFORMATION

All applicants shall complete the National written examination. In addition, an applicant **may** be required to complete an oral examination if he/she:

1. has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety;
2. uses chemical substances so as to impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety;
3. have been diagnosed as suffering from pedophilia, exhibitionism or voyeurism;
4. has within the past 2 years engaged in the illegal use of controlled dangerous substances;
5. has been subject to adverse formal action during the course of the physician assistant education, postgraduate training, hospital practice, or other physician assistant employment;
6. has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;
7. has been convicted of a crime the circumstances of which substantially relate to the physician assistant practice;
8. has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from a physician assistant school within that period.

An applicant filed under sec. MED 8.05 shall be reviewed by an application review panel of at least 2 physician assistant council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination.

If you are selected to appear for an oral examination, an additional examination fee of \$245.00 will be required prior to being scheduled for the oral examination. You will be scheduled for the oral examination sometime later in the year.

If you are not required to take an oral examination, your certificate will be issued when the Wisconsin Medical Examining Board meets provided your application with all supporting documents is on file in the board office.

When both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a certificate.

State of Wisconsin Department of Regulation & Licensing

ALL CANDIDATES are required to take an open book examination on Wisconsin Statutes and Rules relating to physician assistant practice in this state. Enclosed is a numbered examination booklet along with an answer sheet. **Write the booklet number on the pink answer sheet. You must return the entire examination booklet and answer sheet to this office.** If you fail this open book examination, an additional fee of \$39.00 will be required for you to retake it.

The content and process of this examination, and candidate performance statistics, are regularly evaluated by the Department and the Medical Examining board to assure that this examination fairly and effectively assesses competencies necessary to practice as a physician assistant.

Passing examination grades of credentialed candidates are retained indefinitely in an electronic credential file. Failing grades are retained on file until replaced by passing grades. Answer sheets, examination products and examiner evaluation documents are retained one year after the examination date. Booklets used by candidates are retained two months after release of grades. Records of specific examination content (examination file copies) are retained five years.

TEMPORARY CERTIFICATE

An applicant for certification may apply to the board for a temporary certificate to practice as a physician assistant if the applicant:

- a) Remits the fee specified in sec. 440.05(6) Stats.
- b) Is a graduate of an approved school and is scheduled to take the examination for primary care physician assistant required by sec. MED 8.05(1) or has taken the examination and is awaiting the results; or
- c) Is selected to appear for an oral examination and submits proof of successful completion of the examination required by sec. MED 8.05(1) and applies for a temporary certificate no later than **30 days prior to the date scheduled for the next oral examination.**

Except as specified in par. (b), **a temporary certificate expires on the date the board grants or denies an applicant permanent certification.** Permanent certification to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by sec. MED 8.05(1)(c).

A temporary certificate expires on the first day of the next regularly scheduled oral examination for permanent certification if the applicant is required to take, but failed to apply for, the examination.

A temporary certificate may not be renewed.

NOTE: ONLY ONE TEMPORARY CERTIFICATE WILL BE ISSUED PRIOR TO PERMANENT CERTIFICATION. (You may not change your supervising physician or location until you are granted a permanent certificate number).

MAILING INSTRUCTION:

Mail the "Application for Certification as a Physician Assistant" (Form #580), the appropriate fee, examination booklet, answer sheet, and documentation to the following address:

DEPARTMENT OF REGULATION AND LICENSING
MEDICAL EXAMINING BOARD
P.O. BOX 8935
MADISON WI 53708-8935
(608) 266-2812

Department of Regulation & Licensing

State of Wisconsin

Information requested is required
for processing your application.

P.O. Box 8935, Madison, WI 53708-8935

(608) 266-2812

TTY# (608) 267-2416, hearing or speech
TRS# 1-800-947-3529, impaired only

MEDICAL EXAMINING BOARD

PHYSICIAN ASSISTANT CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PHYSICIAN ASSISTANT SCHOOL
AND RETURNED TO THE MEDICAL EXAMINING BOARD

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - ____
ADDRESS (City, State, Zip) _____	Date of Graduation ____ / ____ / ____
CERTIFYING SCHOOL - Please complete this section.	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED _____	MAJOR _____
DATE DIPLOMA GRANTED _____	

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.

Department of Regulation & Licensing

State of Wisconsin

Information requested is required
for processing this application.

P.O. Box 8935, Madison, WI 53708-8935

(608) 266-2812

TTY# (608) 267-2416, hearing or speech
TRS# 1-800-947-3529, impaired only

MEDICAL EXAMINING BOARD

REQUEST FOR A TEMPORARY CERTIFICATE FOR PHYSICIAN ASSISTANT

NAME OF APPLICANT: (Please print): _____

Please check one:

- ☐ I am a graduate of a board approved physician assistants school and I am scheduled to take the examination for primary care physician assistant required by sec. MED 8.05(1). I am aware that this application must be made not less than 30 days prior to the date set for the national certifying examination for primary care physician assistant.
- ☐ I am a graduate of a board approved physician assistants school and I have taken the examination for primary care physician assistant required by sec. MED 8.05(1), and am awaiting results.
- ☐ I have successfully completed the examination required by sec. MED 8.05(1), and I plan to appear at the first meeting of the Physician Assistant Council at which I am scheduled for an oral examination. I am aware that this application must be made not less than 30 days prior to the date of the oral examination.

AFFIDAVIT OF SUPERVISING PHYSICIAN

I wish to request that a temporary certificate to practice as a physician assistant in the State of Wisconsin be issued to _____. I am aware that this temporary certificate will expire a) on the date the board grants or denies an applicant permanent certification; b) on the date the applicant is sent notice from that board that he or she has failed the examination required by sec. MED 8.05(1)(c); c) on the first day of the next regularly scheduled oral examination for permanent certification if the applicant is required to take, but failed to apply for, the examination; d) applicant was selected to appear for the oral examination but failed to appear; or 3) on the date the applicant takes and fails the oral examination.

Signature and Title

Agency/Department

Print Name and Certificate Number

Street Address

() _____
Phone Number

City and State Zip

Date

Department of Regulation & Licensing

State of Wisconsin

(608) 266-2812

TTY# (608) 267-2416 ^{hearing or speech}

TRS# 1-800-947-3529 ^{impaired only}

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: dorl@mail.state.wi.us

FAX#: (608) 261-7083

MEDICAL EXAMINING BOARD

REQUEST FOR NATIONAL EXAMINATION SCORES

Information requested is required for processing.

APPLICANT: PLEASE COMPLETE THIS FORM AND FORWARD TO:

NATL COMM CERT OF PHYS ASSTS

157 TECHNOLOGY PKWY STE 800

NORCROSS GA 30092-2913

World Wide Web: www.NCCPA.Net

NAME:

(Last)

(First)

(Middle)

ADDRESS:

(Street)

(City)

(State)

(Zip)

I authorize the National Commission on Certification of Physician Assistants to release to the Wisconsin Medical Examining Board all of the information requested below. I recognize that it is my responsibility to apply for the next available NCCPA examination and failure to appear for this examination will result in termination of my temporary certificate.

APPLICANT'S SIGNATURE

DATE

** Scores and Date of National Examination.

** Pass/Fail Status.

** Historical record of all examinations written, including scores and dates.

** National certifying certificate number and status of this certificate.

ATTENTION: National Commission on Certification of Physician Assistants.

PLEASE MAIL THE ABOVE INFORMATION TO THE FOLLOWING ADDRESS:

Department of Regulation and Licensing

Medical Examining Board

P.O. Box 8935

Madison, WI 53708-8935

#1959 (Rev. 7/99)

Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing

Department of Regulation & Licensing

State of Wisconsin
(608) 266-2112

TTY# (608) 267-2416 ^{hearing or speech}
TRS# 1-800-947-3529 ^{impaired only}

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: dorl@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

ADDENDUM TO APPLICATION

Information requested is required for processing.

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number or FEIN

Date of Birth

Type of Credential

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.⁵

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.⁶ If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.²

#2380 (Rev. 10/00)

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

⁵ Section 440.14, Wis. Stats.

⁶ Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

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Website: <http://www.drl.state.wi.us/>

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth	Social Security Number
____ month ____ day ____ year	_____

Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

<u>OFFENSE</u>	<u>DATE</u>	<u>CITY/STATE</u>
----------------	-------------	-------------------

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

(Check all that apply)

4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are **currently** on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature _____ Date _____

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public _____ Date _____

My commission (is permanent) _____ expires _____.

SEAL

Department of Regulation & Licensing

State of Wisconsin

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TRS# 1-800-947-3529]-impaired only

MEDICAL EXAMINING BOARD

PHYSICIAN REQUIREMENTS AND GUIDELINES

INTRODUCTION

The information in this section will be included in the Wisconsin jurisprudence examination for physicians applying for licensure from the Wisconsin Department of Regulation and Licensing. This section provides a summary of key aspects of federal controlled substances laws, guidelines for various prescribing practices, and Wisconsin requirements regarding practice; reviewing it is not a substitute for consulting the appropriate law or agency for answers to specific questions.

The proper use of controlled substances is essential to the health and welfare of the public. The abuse of controlled substances is a serious social and health problem throughout the United States. As a physician, you share the responsibility for preventing drug misuse, abuse and diversion.

- You have an ethical and legal responsibility to prescribe controlled substances appropriately, and to guard against their abuse while assuring their availability to your patients.
- You have a professional and legal responsibility to protect your practice from becoming an easy target for unlawful attempts to divert drugs, thus obviating the possibility of enforcement or disciplinary actions against you and loss of professional esteem.
- You have a social responsibility to help protect society from drug abuse.

WISCONSIN LAW VS. FEDERAL LAW

The scheduling provisions of the Wisconsin Uniform Controlled Substances Act, administered by the Controlled Substances Board (CSB), closely parallel federal law but are more stringent in some instances and take precedence over federal law.

DEA REGISTRATION

Licensed physicians who wish to prescribe, administer, or dispense controlled substances must register with the DEA. DEA registration requires proper Wisconsin licensure. The registration must be renewed every three years, and the certificate of registration must be kept available for inspection at the registered location.

If a physician administers or dispenses controlled substances at more than one office, that physician must register at each location. Also, any change of practice location must be reported to the DEA.

Physicians who are registered to dispense controlled substances may distribute (without being registered to distribute) a quantity of such substance to another practitioner for the purpose of general dispensing by the practitioner to his or her patients provided that: (1) the practitioner to whom the controlled substance is to be distributed is registered to dispense that controlled substance; and (2) the distribution is recorded by the distributing and receiving practitioners in accordance with DEA guidelines. If during a given calendar year, the total number of all dosage units of all controlled substances which will be distributed will exceed 5% of the total number of all dosage units of all controlled substances distributed and dispensed, then a distributor registration from the DEA is required.

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PRESCRIBING AND ADMINISTERING FOR DETOXIFICATION TREATMENT

21 CFR 1306.04(c) states that a prescription may **not** be issued for the dispensing of narcotic drugs listed in any schedule for "detoxification treatment" or "maintenance treatment".

21 CFR 1306.07 states that a physician who is not specifically registered to conduct a narcotic treatment program may administer but not prescribe narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three days and may not be renewed or extended.

STORING CONTROLLED SUBSTANCES

According to 21 CFR 1301.75(b), controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet.

REPORTING THEFT OF DEA ORDER FORMS

According to 21 CFR 1305.12(b), whenever any used or unused DEA order forms are stolen from or lost by any purchaser or supplier, he/she shall immediately upon discovery of such theft or loss, report the same to the Registration Unit, Drug Enforcement Administration, Department of Justice, Post Office Box 28083, Central Station, Washington, DC 20005.

SECURING BLANK PRESCRIPTION FORMS

Forgery can be a major source of drug diversion. Prescription orders are forged on blank prescription forms stolen from physicians' offices, hospitals, and clinics. Whole pads or single sheets may be taken, especially if they are in plain view. Forgers will alter a legitimate prescription order by changing the renewal instructions or quantity to be dispensed, by erasing the name of the drug prescribed and replacing it with the name of a controlled substance and by supplying a DEA registration number. Because of this, it is essential that all controlled substance prescription orders be typewritten, or written in ink or indelible pencil.

Prescription pads are extremely valuable and should be treated appropriately. Consider having two types of pads, one labeled "not for controlled substances" and the other "for controlled substances only." Any pads used for controlled substances should be concealed or secured. Improve the security of prescription pads by following these rules:

- Store all unused prescription pads in a safe place where they cannot be seen or easily stolen.
- Minimize the number of pads in use at one time.
- Have prescription blanks numbered consecutively when printed so that you can tell if some sheets are missing.
- Never sign prescription blanks in advance.
- Controlled substance prescriptions should be typewritten, or written in ink or indelible pencil to prevent changes being made by others.
- Write out the amount of medication prescribed in addition to using an Arabic or Roman numeral.
- Do not use your prescription blanks for writing notes or memos.
- Do not leave prescription pads in unattended examining rooms, office areas, or in your bag or car where they can easily be stolen.

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MEDICAL EXAMINING BOARD

THE AMPHETAMINE RULE

NOTICE TO APPLICANTS:

There are two provisions in Med 10 of the board rules of conduct that pertain to the use of anorectic medications for weight control regimens in Wisconsin.

1. Med 10.02(2)(s) is generally referred to as the “amphetamine rule” and provides as follows:

(2) The term “unprofessional conduct” is defined to mean and include but not be limited to the following, or aiding or abetting the same:

(s) Prescribing, ordering, dispensing, administering, supplying, selling, or giving any amphetamine, sympathomimetic amine drug or compound designated as a Schedule II controlled substance pursuant to the provisions of Sec. 961.16(5), Stats., to or for any person except for any of the following:

1. Use as an adjunct to opioid analgesic compounds for treatment of cancer-related pain,
2. Treatment of narcolepsy,
3. Treatment of hyperkinesia,
4. Treatment of drug induced brain dysfunction,
5. Treatment of epilepsy,
6. Differential diagnostic psychiatric evaluation of depression,
7. Treatment of depression shown to be refractory to other therapeutic modalities,
8. Clinical investigation of the effects of such drugs or compounds in which case an investigative protocol therefore shall have been submitted to and reviewed and approved by the board before such investigation has been begun.

This rule applies to Schedule II stimulants (amphetamines and sympathomimetic amines pursuant to the provisions of 961.16(5), Stats.) which would include, at this time, drugs such as dextroamphetamine (Dexadrine) & (Dextrostat); methamphetamine (Desoxyn); amphetamine and dextroamphetamine (Adderall); and methylphenidate (Ritalin). This rule *prohibits* the prescription of these Schedule II drug except for the specific indications enumerated above. Thus it is considered unprofessional conduct to prescribe any of these drugs as anorectics for weight control in Wisconsin since weight control is not an accepted indication for Schedule II stimulants in this state.

2. Med 10.02(2)(zb) provides the following:

(2) The term “unprofessional conduct” is defined to mean and include but not be limited to the following, or aiding or abetting the same:

#2450 (7/99)

Med 10 Admcode

-OVER-

State of Wisconsin Department of Regulation & Licensing

- (zb) Prescribing, ordering, dispensing, administering, supplying, selling or giving any anorectic drug designated as a Schedule II, III, IV or V controlled substance for the purpose of weight reduction or control in the treatment of obesity unless each of the following conditions is met:
1. The patient's body mass index, weight in kilograms divided by height in meters squared, is greater than 25.
 2. A comprehensive history, physical examination, and interpreted electrocardiogram are performed and recorded at the time of initiation of treatment for obesity by the prescribing physician.
 3. A diet and exercise program for weight loss is prescribed and recorded.
 4. The patient is weighed at least once a month, at which time a recording is made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy.
 5. No more than a 30-day supply of drugs is prescribed or dispensed at any one time.
 6. No drugs are prescribed or dispensed for more than 90 days unless all of the following occur:
 - a. The patient has a recorded weight loss of at least 12 pounds in the first 90 days of therapy.
 - b. The patient has continued progress toward achieving or maintaining a target weight.
 - c. The patient has no significant adverse effects from the prescribed program.
 7. Any variance from the foregoing requirements is justified by documentation in the patient's record.

This rule intends that Schedule III, IV and V *anorectic* drugs be permitted to be prescribed for purposes of weight reduction or control in the treatment of obesity when each of the above conditions are met. Schedule III or IV would cover such drugs, for example, as Phentermine Hydrochloride (Adipex; Fastin; Banobese; Oby-cap; Zantryl etc.) or Phendimetrazine Tartrate (Bontril; Prelu-2; Plegine etc.) and would permit their use for weight reduction within the enumerated guidelines. Technically while this section states Schedule II *anorectics* can be used when these conditions are met, the Amphetamine Rule above precludes use of Schedule II products for weight control since that is not one of the accepted indications.

In practice then, the provisions of this section really apply only to Schedule III, IV or V medications when used as anorectics, and the use of Schedule II substances for weight control is not permitted under the first provision--Med 10.02(2)(s). It is the Medical Examining Board's intent to redraft these rules to eliminate Schedule II substances from this second provision--Med 10.02(2)(zb)--so there is no seeming conflict between them.

Department of Regulation & Licensing

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Wisconsin Department of Regulation & Licensing

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APPLICATION PACKET ADDENDUM (INTERNET)

Physician Assistant Application

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)